



Duplex or Photocopies NOT Acceptable

Name & Address	Taxpayer Last Name	Taxpayer First Name	Middle Initial	Taxpayer SSN		-		-	
	Spouse Last Name	Spouse First Name	Middle Initial	Spouse SSN		-		-	
	Mailing Address (Number & Street, Including Rural Route)								
	City	State	Zip	▲ YOU MUST ENTER SSN ▲					

Filing Status and Exemptions

1. 2. 3. 4. 5. 6.	Mark an "X" in only one box	<input type="checkbox"/>	Married - Combined or Joint Return - Enter \$12,000 on Line 12.
		<input type="checkbox"/>	Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer. Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.
		<input type="checkbox"/>	Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. (Cannot change from Joint to Separate after due date.)
		<input type="checkbox"/>	Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.
		<input type="checkbox"/>	Single - Enter \$6,000 on Line 12.
		<input type="checkbox"/>	Dependents (In column (b) Must enter C for child, P for parent or R for relative).

(a) Name	(b)	(c) Dependent SSN
		- -
		- -
		- -
		- -
		- -

Exempting Status and Exemption Amounts

7.	Mark "X" ONLY if:	
<input type="checkbox"/>	Taxpayer Age 65 or Over	<input type="checkbox"/> Taxpayer Blind
<input type="checkbox"/>	Spouse Age 65 or Over	<input type="checkbox"/> Spouse Blind
8.	Number of Dependents Listed on Line 6	
9.	Number of Boxes Marked "X" on Line 7	
10.	Total of Line 8 plus Line 9	
11.	Line 10 x \$ 1,500 =	00
12.	Enter Amount from Lines 1 through 5.	00
13.	Total (Line 11 plus 12).	00
14.	If Filing MFS Returns, Enter 1/2 of Line 13.	00

If Filing a Combined Return, Use Column A for Taxpayer and Column B for Spouse, Otherwise Use Column A ONLY. See instructions in booklet.

Column A (Taxpayer)

Round to Nearest Dollar

Column B (Spouse)

Income

[illegible]

Credits

[illegible]

Refund or Balance Due

28. Enter the Amount of Overpayment If Line 27 is Larger than Line 22.		OVERPAYMENT			
29. Amount of Overpayment to be Applied to Your Next Year Estimate Tax Account.					
Voluntary Contribution Check-offs (From Form 80-108, Page 1) Enter Total of J, K, L, M, N, Q, and Z in Right Column					
(J)	(L)	(N)	(Z)		
(K)	(M)	(Q)			
31. Amount of Overpayment to be Refunded to You (Subtract Lines 29 and 30 from Line 28)		REFUND			
32. Enter Balance Due If Line 22 Is Larger Than Line 27.		BALANCE DUE			
33. Interest on Underpayment of Estimated Tax Payments (Must Attach Form 80-320)					
34. Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month.					
35. TOTAL DUE (Add Lines 32, 33, and 34.) Must Attach Check or Money Order for Total Due payable to: Department of Revenue (ENCLOSE PAYMENT VOUCHER 80-106)		TOTAL DUE			

PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.

Mail **REFUND** To: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058

Mail **All Other Returns** To: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050



801051082000

Mississippi Resident Individual Income Tax Return 2010

Page 2

SSN

SSN: - -

If showing a loss,
shade minus (-) in box.

Example:



Column A (Taxpayer)

Column B (Spouse)

Other Income

36. Business Income/(Loss)
(Must Attach Federal Schedule C or C-EZ)
37. Capital Gain (Loss)
(Must Attach Federal Schedule D)
38. Rent, Royalties, P-ships, S Corps,
Trusts, etc. (Must Attach Federal Schedule E)
39. Farm Income/(Loss)
(Must Attach Federal Schedule F)
40. Interest Income
41. Dividend Income
42. Alimony Received
43. Taxable Pensions and Annuities (Must Attach
1099-R)
44. Unemployment Compensation
(Must Attach Form(s) 1099-G)
45. Other Income (Loss)
(Must Attach MS Schedule N)
46. **Total Other Income** (Add Lines 36
through 45. Carry Amts. to Page 1, Line 16)

Round To Nearest Dollar

Adjustments to Income

47. Payments to an IRA
48. Payments to Self-Employed SEP,
SIMPLE, & Qualified Retirement Plans
49. Interest Penalty on Early
Withdrawal of Savings
50. Alimony Paid (Must Complete Schedule P Below)
51. Moving Expense
(Must Attach Federal Form 3903)
52. National Guard or Reserve Pay (Enter the Lesser of the Guard/
Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer)
53. MS Prepaid Affordable College Tuition (MPACT)
and/or MS Affordable College Savings (MACS)
54. Self-Employed Health
Insurance Deduction
55. Health Savings Account Deduction
56. **Total Adjustments** (Add Lines 47 through 55. Carry Amts.
to Page 1, Line 17)

Round To Nearest Dollar

Schedule of Tax Computation - Use taxable income from Page 1, Line 21. See booklet for instructions.

Tax Rate(s)	Taxpayer (Column A)	Spouse (Column B)	Total	Rate	Income Tax
1. First \$5,000 or Part	+	=		x 3%	
2. Next \$5,000 or Part	+	=		x 4%	
3. Remaining Balance	+	=		x 5%	
4. Subtotal	+	=			
5. Total Income Tax - Enter on Page 1, Line 22					

Schedule P - Alimony Paid

If a deduction is claimed for Alimony Paid,
please furnish the name, SSN, and the
state of residency of the individual to whom
the amount was paid.

Name

SSN of
RecipientState of
Residency

THIS RETURN MUST BE SIGNED. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

Taxpayer Signature	Taxpayer Phone ()	This Return may be discussed with the preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Firm Identification Number or PTIN	OR
Spouse Signature (If joint, BOTH must sign)	Date		Paid Preparer Social Security Number or PTIN	
Paid Preparer Signature	Date	Paid Preparer (Print Firm Name)		
Paid Preparer Phone ()	Paid Preparer Address			